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PATENT Q178-US1

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Art Unit: 1795

SKINLO, David et al.

Examiner: Alix E. Echelmeyer

Serial No:

10/697,537

Filed:

October 29, 2003

For:

SEPARATOR BAG FOR USE IN

ELECTROCHEMCIAL CELL

### CERTIFICATE OF MAILING VIA EXPRESS MAIL (37 CFR 1.10)

Express Mail No.: EM248392955US Dated: July 16, 2008

Mail Stop Appeal Brief - Patents Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

I hereby certify that the following attached documents are being deposited with the United States Postal Service as Express Mail under 37 CFR 1.10 on the date indicated above and are addressed to Mail Stop Appeal Brief – Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

- 1. Transmittal Letter (in duplicate) (2 pages)
- 2. Fee Transmittal Letter (in duplicate) (2 pages)
- 3. Appeal Brief with Appendix (66 pages)
- 4. Request for Two Month Extension of Time (in duplicate) (2 pages)
- 5. Form PTO-2038 Credit Card Authorization (1 page)
- 6. Self addressed stamped postcard (1 page)

July 16, 2008

Date of Deposit

Lisa K. Robbins

Name of Person Mailing paper or fee

Signature

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<b>Total Number</b>	of Pages in	This	Submission

Application Number	10/697,537
Filing Date	October 29, 2003
First Named Inventor	SKINLO, David et al.
Group Art Unit	1795
Examiner Name	Alix Echelmeyer
Attorney Docket Number	Q178-US1

	EN	CLOSUR	RES (check all that apply)		
×	Fee Transmittal Form		Assignment Papers (for an Application)		After Allowance Communication to Group
	x Fee Authorized		Drawing(s)		Appeal Communication to Board of Appeals and Interferences
	Amendment with attachment		Licensing-related Papers	Х	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
	After Final		Petition to Covert to a Provisional Application		Proprietary Information
	Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address		Status Letter
×	Extension of Time Request – two month		Terminal Disclaimer		Other Enclosure(s) (please identify below):
	Express Abandonment Request		Request for Refund		
	Information Disclosure Statement		CD, Number of CD(s)		
	THOMASON BIOGRAPHS Statement	Remarks			•
	Certified Copy of Priority Document(s)		* ter; + * +)		
	Response to Missing Parts/ Incomplete Application				
	Response to Missing Parts under 37 CFR 1.52 or 1.53				
	Customer Number or Bar Code Label	31815 (Insert Cu	stomer No. or Attach bar code label here)		
The C	commissioner is hereby authorized to charge a 0-0921. A duplicate copy of this sheet is enclo	any addition osed.	al fees which may be required, or credit a	any ov	verpayment to Deposit Account
	•		Respectfully submitted,		4.
Dated	: 7/16/2008			Z	
		_	By:Travis Dodd		
	e: (818) 833-2003 (818) 833-2065		Attorneys for Applicat	nt(s)	,
	,		P.O. Box 923127 Sylmar, CA 91392-31	27	

	CERTIFIC	CATE OF MAILING		
mail	n an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this			
Typed or printed name	TRAVIS DODD			
Signature			Date	

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/697,537
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First Named Inventor	SKINLO, David et al.
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Examiner Name	Alix Echelmeyer
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The Commissioner is hereby authorized to charge No. 50-0921. A duplicate copy of this sheet is enclosed.	any additional fees which may be required, or credit a	any overpayment to Deposit Account
	Respectfully submitted,	-11
Dated: 7/16/2008	Ву:	
Phone: (818) 833-2003 Fax: (818) 833-2065	Travis Dodd Attomeys for Applica P.O. Box 923127 Sylmar, CA 91392-31	
	Oyilliai, OA 91092-01	

	CERTIFICATE OF MAILING		
mail	his correspondence is being deposited with the United States Post essed to: Commissioner of Patents and Trademarks, Washington,		•
Typed or printed name	TRAVIS DODD		
Signature		Date	



# FEE TRANSMITTAL

Attorney Docket No.	Q178-US1
First Named Inventor:	SKINLO, David et al.
Application Number	10/697,537
Filing Date:	October 29, 2003
Examiner Name:	Alix Elizabeth Echelmeyer
Group/Art Unit:	1795

TOTAL AMOUNT OF PAYMENT:	\$ 485.00
METHOD OF PAYMENT (check One)	1. X The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:
	Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC
	X. Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17
	2. X Payment Enclosed: Check Money Order X Other - Credit Card

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$310.00	\$155.00	\$.00
Total Claims	38 - 53=	0	X \$50.00	X \$25.00	\$.00
Independent Claims	4 - 7=	0	X \$210.00	X \$105.00	\$.00
Multiple Dependent Claim	n(s) (if applicable)		\$370.00	\$185.00	\$.00
Total of above Calculations =				\$.00	

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$210.00	\$105.00	\$.00
Reissue filing fee	\$310.00	\$155.00	\$.00
Provisional filing fee	\$210.00	\$105.00	\$.00
	Total of abo	ove Calculations =	\$.00

## 3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Appeal Brief	\$	\$255.00	\$255.00
Two Month Extension of Time	\$	\$230.00	\$230.00
	\$	\$	\$
	\$	\$	\$
		TOTAL	: \$485.00

Name (print/type)	TRAVIS L. DODD	Registration N (Attorney/Age		42,491
Signature		Date	7/16/20	008



# FEE TRANSMITTAL

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Name (print/type)	TRAVIS L. DODD	Registration N (Attorney/Age		42,491
Signature		Date	7/16/20	008